

Project	Location:	1/5M	2-ST	<u> </u>
Client:	W5Y	7 /		·
	Number:			·

#### DAILY SAFETY INSPECTION REPORT

Date: 7/10/2017 SSHO:				
Supervisor: BRAD DAVIS SSHO:				
Corrective actions to be completed:				

Signature:

(Supervisor)

Signature:

(Safety Representative)

	•		

Project Number: \_ Project Name: WSMR STP

Completed By/Date: ALUSON JENNUSS Reviewed By/Date: Brand Dowis 8/9/2012

Subject	Yes	No	N/A	Comment
Site SSHASP with required signatures(kept w/Site Files)	1			
Daily Tailgate Conducted (kept w/Site Files)			_	
Designated First aid Providers Identified	<u>V</u>	TOWNS CALCUMATED		
Required Documentation on Site & Postings	L	Selection of		
H&S, EEO		-		
Emergency information ( phone numbers, key personnel, hospital rotte map)	b			
RWP (kept w/Site Files)	<u> </u>		* tr	
Site Access Control		\$18 (N) (N) (1) (N) (N)		, <u>, , , , , , , , , , , , , , , , , , </u>
Visitors briefed prior to being allowed on site(topic list w/SSHASP)			i/	<u> </u>
Contamination control zones (EZ, CRZ, Support Zone) marked/posted				
Emergency Equipment				
Fire Extinguishers	1			
Eye wash properly located	1	+		
First Aid Kit		<del>                                     </del>		
Communications operational (phone, radio, hand signals)	1		-	
Assembly point identified				
Exposure monitoring (includes bioassay for both chemical and radiological)		5		
Monitoring equipment/instruments types (chemical, noise, radiation, etc.)		ļ	-	
Monitoring records including instrument calibrations (factory and field)		ļ	<u></u>	
Radiation dosimetry and/or bioassay for new personnel	ļ <u>.</u>		1	•
Worker notification of monitoring results		<u> </u>	سو	-
Site Sanitation	ŀķ.			
Drinking water/sanitation (break area, toilet facilities, trash)	2			
Portable toilets adequate			1	

### DAILY HEALTH AND SAFETY CHECKLIST

Page 2 of 2

Subject	Yes	No	N/A	Comment
Hand / Face wash	-			
Permits				
Confined spaces entered (competent person) (kept w/Site Files)			-	<b>-,</b>
Hot Work permit (kept w/Site Files)			4	
Permits (continued)			4	••• · · · · · · · · · · · · · · · · · ·
Excavation safety (competent person) (kept w/Site Files)		!	4	
Underground/overhead utility clearance (form completed) (kept w/Site Files)			_	
Specialized Procedures				:
Lockout/Tagout			r	
Fall protection/ladder safety			2-	
Noise / Hearing protection available			~	<del>-</del>
Areas posted or otherwise designated			~	
Illumination	ļ <u>.</u>		<u></u>	
PPE Designated and in use	ļ <u></u>		-	
Equipment Inspections (kept w/Site Files)				:
Decontamination				
Personnel  Equipment				

Comments:	 	· · · · · · · · · · · · · · · · · · ·	



## Daily Safety and Health Report

Project Number:

Date: 7/10/2012

Work Areas Checked

TOTAL TAX DEED CATALOGUE			
Primary Work Area (Base)	-	First Aid Kits (weekly)	
Communications	- Lund	Eye Wash (weekly)	<u></u>
Emergency Equipment	1	Excavations	NA
Vehicles (weekly)	n	Housekeeping	
Heavy Equipment (daily)	NA	Crew 1	
Fire Extinguishers (monthly)	Y X	Crew 2	$\mathcal{O}_{\Delta}$
File Extiliguisticis (monthly)			177

Daily Activities:

GRONND WATER SAMPLING

Daily Tailgate Meeting (Time)

0900

Weather Conditions:

Time	Temperature (° F)	Wind (mph)	Wind Chill (° F)	Humidity (%)
<u> </u>	750	0-5 MPH	N/A	10%
1200	7-5°	U-5 MPH	NA	10%
,				

Equipment Inspections:

E-UNE, SELLIE LINE CONTROL BOY NITROGEN CYLINDERS

Levels of Protection:

(EVELD

Accidents/Incidents, Breaches of Procedure:

NONE

Monitoring Results:

Nonz

Activities:

GROUNDWATER SAMPLING

COMMENTS:

Personnel on Site:

1 crsonner on one.	
BRAD DAVIS	Florenz
ALUSON JEMMSS	7/10/7012

Personnel on Site:	
	!
<del></del>	1

Completed By:	Allison Janess	 Date Hidzwiz	



Project Name/Number:	Date: + /10 /2017 Time
Client: WSMR	Address:
Specific Location: STP AREA	
Work Activities: CTROUND WATER	SAMPUNG
Hospital Name/Address: McAFEE 7	SIDG 530 ROCK ISLIAND AVENUE
Hospital Phone Number: (078-11)	Ambulance Phone Number: 91)
	ty Topics Presented
Chemical Hazards/Used: ACL Pres.	ER VATIVES
Physical Hazards: LIFTING (INEUC	EN TEXENA
Protective Equipment/Clothing: LEVEL	D-GLOVES, GLASSES
Special Equipment: Low-Flow Box	ANCE PUMP, NITTEOGEN GAS
Other Safety Topic(s): #YATATIS(a)	
Other dutity represents	
	ATTEMBEE
NĂME PRINTED	SIGNATURE
BRADLEY DAVIS	_ Bj. Da
ALLISON SENNCS	
•	
	<u> </u>
Meeting conducted by:  Auson Jenness	· 
Supervisor:	Manager:

NAME PRINTED	SIGNATURE
<u> </u>	



Project Location:	·
Client:	
Project Number:	

#### DAILY SAFETY INSPECTION REPORT

Inspector name: Brad Davis	Date: 7-11-12
Supervisor: Bad Davis	SSHO: A. Jinness
General Project Activities Description:	ndwater Sampling
Safety conditions and/or deficiencies:	Corrective actions to be completed:
Nonei	
	·
	·
Note: Corrective actions are to be comple	eted by the supervisor. The status of corrective a

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature: <u>BJ-No</u>

(Supervisor)

Signature:

(Safety Representative)

		,	

Project Name: WSMR STP Project Number:

Completed By/Date: Brad Davis

Reviewed By/Date: Brad Davis
8-3-12

7-1(-(0-	<del></del>			<del></del>
Subject	Yes	No	N/A	Comment
Site SSHASP with required signatures(kept w/Site Files)	/			
Daily Tailgate Conducted (kept w/Site Files)	<b>V</b>			
Designated First aid Providers Identified	<u>/</u>	975 #5E.S		
Required Documentation on Site & Postings	/			
H&S, EEO	~			
Emergency information ( phone numbers, key personnel, hospital rotte map)	/			
RWP (kept w/Site Files)	Dat Saladi			
Site Access Control		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	94,	
Visitors briefed prior to being allowed on site(topic list w/ SSHASP)			X	
Contamination control zones (EZ, CRZ, Support Zone) marked/posted			X	
Emergency Equipment				
Fire Extinguishers	1			
Eye wash properly located	/	<u> </u>	-	
First Aid Kit	<u> </u>			
Communications operational (phone, radio, hand signals)	V			
Assembly point identified	\ <u>\</u>		<b>4</b> 44,421.1	
Exposure monitoring (includes bioassay for both chemical and radiological	) <u>(                                   </u>	A . A . LE . A		were to the second
Monitoring equipment/instruments types (chemical, noise, radiation, etc.)			X	
Monitoring records including instrument calibrations (factory and field)		-	X	
Radiation dosimetry and/or bioassay for new personnel	<u> </u>		X	
Worker notification of monitoring results		1	<u> </u>	
Site Sanitation				
Drinking water/sanitation (break area, toilet facilities, trash)	/			
Portable toilets adequate			X	

Subject	Yes	No	N/A	Comment
Hand / Face wash		-		4844
Permits				····
Confined spaces entered (competent person) (kept w/Site Files)			X	
Hot Work permit (kept w/Site Files)			X	
Permits (continued)	.e. 4		X	
Excavation safety (competent person) (kept w/Site Files)			X	
Underground/overhead utility clearance (form completed) (kept w/Site Files)			X	
Specialized Procedures		- 1		
Lockout/Tagout			X	
Fall protection/ladder safety			X	
Noise / Hearing protection available			X	
Areas posted or otherwise designated			X	
Illumination	ļ <u>.</u>		X	
PPE Designated and in use	V			
Equipment Inspections (kept w/Site Files)				
<sup>175</sup>				
Decontamination				
Personnel	ļ			
Equipment				

Comments:		 



## Daily Safety and Health Report

Project Number:

Work Areas Checked

WOLK ALCAS CHECKED		- T	
Primary Work Area (Base)		First Aid Kits (weekly)	
Communications	V	Eye Wash (weekly)	<u> </u>
Emergency Equipment		Excavations	NA
Vehicles (weekly)		Housekeeping	
Heavy Equipment (daily)	NA	Crew 1	
Fire Extinguishers (monthly)	xIV	Crew 2	

Daily Activities: Ground Water Sampling

Daily Tailgate Meeting (Time) 0900

#### Weather Conditions:

Time	Temperature (° F)	Wind (mph)	Wind Chill (° F)	Humidity (%)
0900	73	0-5	NIA	10%
1000	75	0-5	NA	10%
1145	80	0-5	√/A	1090

Equipment Inspections: e-line, Nitrogen Minders

Level D Levels of Protection:

Accidents/Incidents, Breaches of Procedure: //one.

Monitoring Results: None

grand wat of Sampling

COMMENTS:

Personnel on Site:

Bad Davis	7-11-12
Allison Jenness	7-11-12

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Completed By: 3	and Davis	Date	7-11-12
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Project Name/Number:	Date: 7 / // / /2 Time: 0700
Client: WSMR	Address:
Specific Location: USMR STP	
Work Activities: Ground Water Samp	ling
Hospital Name/Address: McAfee, Bld, 53	o, Rock Island Avenue
Hospital Phone Number: <u>678-1138</u>	Ambulance Phone Number:911
Safety Topics F	
Chemical Hazards/Used: Acid preserve	etives
Physical Hazards: <u>Lifting</u> , uneve	n te (rain
Protective Equipment/Clothing:	Gloves - glasses
	<u> </u>
Special Equipment: Low Plaw blade	Ler pump
	112110
Other Safety Topic(s): Hydration, c	VIII LITE.
and the second s	
ATTENDI	·
NÂME PRINTED	SIGNATURE
Radley Davis	R. J. Danc
Allison Jenness	a a a
Allisongenicos	
	- · · · ·
Meeting conducted by:	•
A. Jenness	
Supervisor:	Manager:

NAME PRINTED	SIGNATURE
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	<u> </u>
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	· · · · · · · · · · · · · · · · · · ·



Project Lo	cation:	WSMK	STP
Client:	WS	MR	
Project Nu	mber:		

### DAILY SAFETY INSPECTION REPORT

Inspector name: Brad Davis	Date: 7-12-12
Supervisor: Brad Davis	SSHO: Allison Jenness
General Project Activities Description: Gro	und water Sampling
Safety conditions and/or deficiencies:	Corrective actions to be completed:
None.	

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature:

(Supervisor)

Signature:

(Safety Representative

<b>,</b>		

Project Name: \_ WSMR 5TP

Project Number: \_

Completed By/Date: Brad Davis

Reviewed By/Date: Bred Pavis
8-3-12

7-12-12

Subject	Yes	No	N/A	Comment
Site SSHASP with required signatures(kept w/Site Files)				
Daily Tailgate Conducted (kept w/Site Files)	V		<u> </u>	
Designated First aid Providers Identified		Tours Woalling		
Required Documentation on Site & Postings	<u> </u>			
H&S, EEO		<u> </u>		
Emergency information ( phone numbers, key personnel, hospital rotte map)	V			
RWP (kept w/Site Files)	NATE SOUTH	TALENSKI TR	Tubio se	
Site Access Control				
Visitors briefed prior to being allowed on site(topic list w/ SSHASP)			X	
Contamination control zones (EZ, CRZ, Support Zone) marked/posted			X	
		at Wag to sive		
Emergency Equipment				
Fire Extinguishers	~	<u> </u>		
Eye wash properly located	V			
First Aid Kit				
Communications operational (phone, radio, hand signals)	V	<u> </u>	<u> </u>	
Assembly point identified	<u></u>	ta mia swaki sika	8 C4 7, 98 3 + 3	Secret States 18
Exposure monitoring (includes bioassay for both chemical and radiological)		4-,6032-15-	134	
Monitoring equipment/instruments types (chemical, noise, radiation, etc.)			X	
Monitoring records including instrument calibrations (factory and field)			<u> </u>	
Radiation dosimetry and/or bioassay for new personnel	<u> </u>		<u> </u>	
Worker notification of monitoring results		-	X	
Site Sanitation	100	Ly XII.		,
Drinking water/sanitation (break area, toilet facilities, trash)	V			
Portable toilets adequate			1 K	

### DAILY HEALTH AND SAFETY CHECKLIST

Subject	Yes	No	N/A	Comment
Hand / Face wash	V			
Permits				
Confined spaces entered (competent person) (kept w/Site Files)			X	
Hot Work permit (kept w/Site Files)			X	
Permits (continued)		4	X	
Excavation safety (competent person) (kept w/Site Files)			X	
Underground/overhead utility clearance (form completed) (kept w/Site Files)			X	
Specialized Procedures				
Lockout/Tagout			X	
Fall protection/ladder safety			X	
Noise / Hearing protection available			X	
Areas posted or otherwise designated			X	
Illumination			X	
PPE Designated and in use				
Equipment Inspections (kept w/Site Files)		#. ** · · · · · · · · · · · · · · · · · ·		
Decontamination	1 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
Personnel	-			
Equipment				

Comments:		 	<del></del>	· · · · · · · · · · · · · · · · · · ·
	<u>.</u>			



### Daily Safety and Health Report

Project Number:

Date: 7-12-12

Work Areas Checked

TO IL TEL CELO CHOCKEGO		1111	
Primary Work Area (Base)		First Aid Kits (weekly)	
Communications		Eye Wash (weekly)	
Emergency Equipment	V	Excavations	NA
Vehicles (weekly)		Housekeeping	
Heavy Equipment (daily)	NA	Crew 1	
Fire Extinguishers (monthly)	x J	Crew 2	

Daily Activities: Ground Water Sampling

Daily Tailgate Meeting (Time) 0900

#### Weather Conditions:

Time	Temperature (° F)	Wind (mph)	Wind Chill (° F)	Humidity (%)
0905	77	6-5	NA	10%
1035	80	0-5	NA	10%
1200	82	0-5	NA	1000

Equipment Inspections: e-line - Nitragen Cylinders, Secure line

Levels of Protection: Level D

Accidents/Incidents, Breaches of Procedure: None.

Monitoring Results: None

Activities: ground water sampling

#### COMMENTS:

Personnel on Site:

reisonner on once.	
Brad Davis	7-12-12
Allison Jenness	7-12-12
11.1.7. ( General)	
	l l

Personnel on Site:	
	(

Completed By: Rad Davis Date 7	1-12-12
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Project Name/Number:	Date: <u>+ / 12/ 12</u> Time: <u>0/00</u>
Client: WSUR	Address:
Specific Location: 5TP	
Work Activities: <u>Greund Water San</u>	Pline
Work Activities: <u>Greund Water San</u> Hospital Name/Address: <u>Mc Afare</u> , Bldg 5	530 , Rock Island Avenue.
Hospital Phone Number: <u>678-1138</u>	Ambulance Phone Number: <i>9U</i>
Safety Topics I Chemical Hazards/Used: Acid Preservat	
Physical Hazards: <u>lifting</u> - uneven	turain
Protective Equipment/Clothing: Level D -	gloves - eye protection
Special Equipment: Low flow bladde	pump.
Other Safety Topic(s): Hydration	
ATTEND	FFS
NÄMË PRINTËD	SIGNATURE
Bradley Davis	Br T-Da
Allison Jenness	ANN
Allison Gentle's 3	
Meeting conducted by:	
1. Jenness	
Ownerstand	Manager:
Supervisor:  B. Davi S	

NAME PRINTED	SIGNATURE
<u> </u>	



Project	Location: _	WSMR	STP
Client:	h/5/	MR	
Project	Number:		

### DAILY SAFETY INSPECTION REPORT

Inspector name: Brad Davis	Date: 7-13-12
Supervisor: Bad Davis	SSHO: Allison Jenness
General Project Activities Description:	ound Water Sampling
Safety conditions and/or deficiencies:	Corrective actions to be completed:
None.	
	<u> </u>
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-	

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature:

(Supervisor)

Signature:

Safety Representative)

			-	

Page 1 of 2

Project Name: WSMR STP

Project Number:

Reviewed By/Date: B. Dasis 8-3-12

Completed By/Date: Brad Davis 7-13-12

7 13-12				
Subject	Yes	No	N/A	Comment
Site SSHASP with required signatures(kept w/Site Files)				
Daily Tailgate Conducted (kept w/Site Files)	/			
Designated First aid Providers Identified		Mark to Name		
Required Documentation on Site & Postings	<b>/</b>			
H&S, EEO	<u> </u>			
Emergency information ( phone numbers, key personnel, hospital rotte map)	V			
RWP (kept w/Site Files)	एक के इंटर स्टब्स्ट <i>स</i>	1 (34 (3) (42 (5) 10 Te	5 to 5 to 3 to 3 to 3 to 3 to 3 to 3 to	
Site Access Control				·
Visitors briefed prior to being allowed on site(topic list w/ SSHASP)			X	
Contamination control zones (EZ, CRZ, Support Zone) marked/posted			X	
Emergency Equipment	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			· · · · · · · · · · · · · · · · · · ·
Fire Extinguishers	V			· · ·
Eye wash properly located				
First Aid Kit	<u> </u>	<del> </del>	-	
Communications operational (phone, radio, hand signals)	V	_	-	
Assembly point identified		2 14 48 64 12 14 H	V# 4 0 13 0 75 11 1 2 V	) /
Exposure monitoring (includes bioassay for both chemical and radiological	) 7.5		X	
Monitoring equipment/instruments types (chemical, noise, radiation, etc.)			X	
Monitoring records including instrument calibrations (factory and field)			X	-
Radiation dosimetry and/or bioassay for new personnel			X	
Worker notification of monitoring results			×	
Site Sanitation	t <sub>e</sub>	4-975		
Drinking water/sanitation (break area, toilet facilities, trash)	V			
Portable toilets adequate			X	

Subject	Yes	No	N/A	Comment
Hand / Face wash	/			
Permits				
Confined spaces entered (competent person) (kept w/Site Files)			X	
Hot Work permit (kept w/Site Files)			X	
Permits (continued)			X	
Excavation safety (competent person) (kept w/Site Files)			X	
Underground/overhead utility clearance (form completed) (kept w/Site Files)			X	
Specialized Procedures	A PART A			
Lockout/Tagout			x	
Fall protection/ladder safety			X	
Noise / Hearing protection available			X	
Areas posted or otherwise designated				
Illumination			X	
PPE Designated and in use	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		爱	
Equipment Inspections (kept w/Site Files)			У	
				<del></del> .
Decontamination				
Personnel				
Equipment				

Comments:		 



## Daily Safety and Health Report

Project Number:

Date: 7-13-12

Work Areas Checked

T, OIR IZIONE CHOCKE			" 1
Primary Work Area (Base)		First Aid Kits (weekly)	V
Communications	/	Eye Wash (weekly)	<u> </u>
Emergency Equipment		Excavations	NA
Vehicles (weekly)		Housekeeping	
Heavy Equipment (daily)	~	Crew 1	
Fire Extinguishers (monthly)	x	Crew 2	
7 44 0 300 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			

Daily Activities:

ground Water Sampling

Daily Tailgate Meeting (Time) 0930

#### Weather Conditions:

Time	Temperature (° F)	Wind (mph)	Wind Chill (° F)	Humidity (%)
0940	81°F	0-5	NA	10%
1100	85°F	5-10	NIA	10%
1300	90°F	6-5	~/A	100%

Equipment Inspections: E-line, Control box

LevelD Levels of Protection:

Accidents/Incidents, Breaches of Procedure: None

Monitoring Results: None

Activities: Ground water Sampling

COMMENTS:

#### Personnel on Site:

B. Davis	7-13-12
A. Jenness	7-12-12

Personnel on Site:			
	<u> </u>		
	<del> </del>		
	1		

Completed By: <b>Brad Davis</b> Dat	e	***	2-	13-12
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Project Name/Number:	Date: <u>7   13  12</u> Time: <u>0130</u>
Client: USMR	Address:
Specific Location: 5TP Area	
Work Activities: Grand Water Samp1	ing
Hospital Name/Address: Mc Afee Bldg 53	O ROCK Island Avenue
Hospital Phone Number: 678-1138	Ambulance Phone Number: 911
Safety Topics	
Chemical Hazards/Used: Acid Preservation	
	· ·
Physical Hazards: Lifting, uneven terr	ain
Protective Equipment/Clothing: Level d -	abus - eye Datestian
Protective Equipment/Clothing	JINES - TEPICE (SN
Special Equipment: Low flow bladder	pumps
Special Equipment.	
Other Safety Topic(s): wildlife	
and the contraction of the contr	
ATTEND	EES
NÄME PRINTED	SIGNATURE
	$\mathcal{R} = \mathcal{R} = \mathcal{R}$
Brad Davis	Bst-Dan
Allison Jenness	ByT-Dan An Dd
Allison Jenness	ByT-Dan An Od
Allison Jenness	Byt-Dan Andd
Allison Jenness	BST-Dan
Allison Jenness	BST-Dan An Dd
	Byt-Dan An Dd
Meeting,conducted by:	Bot-Dan An Dd
	Bot-Dan An Dd
Meeting,conducted by:	Ban-Dan-Andan-Manager:

NAME PRINTED	SIGNATURE
-	
The second secon	
	*



Project Name/Number:	Date: <u>+ 1 12   12</u> Time: 1100
Client: WSMR	Address:
Specific Location: STP acea	
Work Activities: ground water Samplin	8
Hospital Name/Address: Mc Afre Blds 5	30 Rock Island Avenue
Hospital Phone Number: 478-1138	Ambulance Phone Number:9//
Chemical Hazards/Used: Acid Preservat	Presented i/c s
Physical Hazards: Lifting, uneven tem	ain
Protective Equipment/Clothing: Level d	- Gloves - glasses
Special Equipment: Lou flow bladder	pump - Nitroger gas
Other Safety Topic(s): Hydration	
ATTEND	
NÂMÉ PRINTED	SIGNATURE
Bradler Davis	But. Da
Bradley Davis	By Da
Bradley Davis Allison Jenness	Bot. Da
	Bot. Dan
	BJ. Dan
	BJ. Dan
	BJ. Dan
	Bri Dan
Allison Jenness  Meeting conducted by:	By Da

NAME PRINTED	SIGNATURE
	,



Project L	ocation: _	WSMR STP
	WSN	
Project N		

#### DAILY SAFETY INSPECTION REPORT

Inspector name: Brad Davis	Date: 7-1712
Supervisor: B. Davis	Date: 7-1712 SSHO: A. Jenness
General Project Activities Description: Gv	ound water Sampling. Low-fl
Safety conditions and/or deficiencies:	Corrective actions to be completed:
None.	
•	
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Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature:

(Supervisor)

Signature:

A D

(Safety Representative)

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Page 1 of 2

Project Name: WSHR STP

Project Number: \_

Completed By/Date: B Davis

Reviewed By/Date: B. Davis - 8-3-12

7-1712

Cubiant	Yes	No	N/A	
Subject	100	110		Comment
Site SSHASP with required signatures(kept w/Site Files)				
Daily Tailgate Conducted (kept w/Site Files)	V			
Designated First aid Providers Identified	<u>/</u>	Tales, a topical		
Required Documentation on Site & Postings	/			
H&S, EEO	<u> </u>			
Emergency information ( phone numbers, key personnel, hospital rotte map)	/			
RWP (kept w/Site Files)	พลาสสมาชิงส	Jagg Jajila W	80	
Site Access Control		A THE		· į
Visitors briefed prior to being allowed on site(topic list w/ SSHASP)		ļ. <u> </u>	X	MA
Contamination control zones (EZ, CRZ, Support Zone) marked/posted			X	
Emergency Equipment				
Fire Extinguishers	1/		-	
Eye wash properly located	V			
First Aid Kit	<i>'</i>			
Communications operational (phone, radio, hand signals)	<b>/</b>	1		
Assembly point identified		a Panasana	Secondario V	n e e e e e e e e e e e e e e e e e e e
Exposure monitoring (includes bioassay for both chemical and radiological)			X	
Monitoring equipment/instruments types (chemical, noise, radiation, etc.)			X	
Monitoring records including instrument calibrations (factory and field)			X	
Radiation dosimetry and/or bioassay for new personnel			X	
Worker notification of monitoring results			X	
Site Sanitation	4).		2	
Drinking water/sanitation (break area, toilet facilities, trash)	/			
Portable toilets adequate			X	

Subject	Yes	No	N/A	Comment
Hand / Face wash	V			
Permits				
Confined spaces entered (competent person) (kept w/Site Files)			X	
Hot Work permit (kept w/Site Files)	ļ	~~~	X	
Permits (continued)			X	
Excavation safety (competent person) (kept w/Site Files)			X	
Underground/overhead utility clearance (form completed) (kept w/Site Files)			×	
Specialized Procedures	- 4			
Lockout/Tagout			X	
Fall protection/ladder safety			X	
Noise / Hearing protection available			X,	
Areas posted or otherwise designated			X	
Illumination /	-			
PPE Designated and in use	V			
Equipment Inspections (kept w/Site Files)				
Decontamination				
Personnel				
Equipment				

Comments:	 		<del></del>
		7477	



#### Daily Safety and Health Report

Project Number:

Date: 7-17-12

Work Areas Checked

TI OTAL THE CARD CHICATI		111	
Primary Work Area (Base)		First Aid Kits (weekly)	
Communications		Eye Wash (weekly)	
Emergency Equipment		Excavations	NA
Vehicles (weekly)		Housekeeping	
Heavy Equipment (daily)	NA	Crew 1	V
Fire Extinguishers (monthly)	x V	Crew 2	

Daily Activities:

Ground Water Sampling

Daily Tailgate Meeting (Time) 1100

#### Weather Conditions:

Time	Temperature (° F)	Wind (mph)	Wind Chill (° F)	Humidity (%)
1105	84	0-5mph	NA	10%

Equipment Inspections: E-line secure line, Control box, Nitrogen
(ylinders.

Levels of Protection:

Level D

Accidents/Incidents, Breaches of Procedure: None

Monitoring Results: Vone

Ground water Sampling

#### COMMENTS:

Personnel on Site:

Brad Davis	7-17-12
Allison Jenness	7-17-12

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Completed By: Brad Quis I	Date 7-17-12
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#### Daily Safety and Health Report

Project Number: WSMR - 550

Date: 7/18/2012

Work Areas Checked

YY OLK ALCAS CHECKED			
Primary Work Area (Base)	X	First Aid Kits (weekly)	×
Communications	X	Eye Wash (weekly)	$\sim$
Emergency Equipment	×	Excavations	X
Vehicles (weekly)	×	Housekeeping	X
Heavy Equipment (daily)	<b>Ø</b>	Crew 1	
Fire Extinguishers (monthly)	х	Crew 2	

Daily Activities:

Daily Tailgate Meeting (Time)

N/A - DNLY ONE PETERS WITH

Weather Conditions:

Time	Temperature (° F)	Wind (mph)	Wind Chill (° F)	Humidity (%)
1130	83	0-5-mph Clear		10%
1420	91	0-5mph		10%
1510	95	0-5mph		10%

Equipment Inspections: E-line - Secure line, Control box, bladder

Levels of Protection:

Level D

Accidents/Incidents, Breaches of Procedure:

Monitoring Results: None

Activities: Ground water Sampling

COMMENTS:

Personnel on Site:

7-16-12

Personner on Si	ie:	
· · · · · · · · · · · · · · · · · · ·	<del></del>	

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Completed By:	Brad Davis	Date7-18-12
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Project Name/Number: WBMR-STP	Date: 7 / 18 / 2012 Time: UA
Client: WSMK	Address:
Specific Location:	
Work Activities:	
Hospital Name/Address:	
Hospital Phone Number:	Ambulance Phone Number:
	s Presented
Chemical Hazards/Used:	
· · · · · · · · · · · · · · · · · · ·	
·	
• •	
Special Equipment:	
Other Safety Topic(s):	•
Other Safety Topic(s):	
Other Safety Topic(s):	NDEES
Other Safety Topic(s):  ATTEI  NAME PRINTED  ATTEI  OTHER SAFETY TOPIC(S):	NDEES
Other Safety Topic(s):	NDEES
Other Safety Topic(s):  ATTEI  NAME PRINTED  ATTEI  OTHER SAFETY TOPIC(S):	NDEES SIGNATURE
Other Safety Topic(s):  ATTEI  NAME PRINTED  ATTEI  OTHER SAFETY TOPIC(S):  ATTEI  NAME PRINTED	NDEES

NAME PRINTED	SIGNATURE
A TO	



Project Location: WSUR-STP
Client: ZIA-SHAW- USMR
Project Number:

#### DAILY SAFETY INSPECTION REPORT

Inspector name: BRAD DAVIS  Supervisor: BRAD DAVIS	SSHO: BRADDAVIS
General Project Activities Description:	WATER MONITORING AT STA
Safety conditions and/or deficiencies:	Corrective actions to be completed:
None.	
•	
·	
Note: Corrective actions are to be completed are to be discussed at the monthly supervisor	d by the supervisor. The status of corrective actions safety meeting.
Signature: B.J. Was	Signature:(Safety Representative)

			£.

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Sizu
Shaw Environmental & Infrastructure, Inc.

Page 1 of 2

Project Number: Project Name: WSMR-STP

Completed By/Date: BRAD Davis 7-18 TOIL Reviewed By/Date: B. Davis 8-3-12

Subject	Yes	No	N/A	Comment
Site SSHASP with required signatures(kept w/Site Files)	Υ			
Daily Tailgate Conducted (kept w/Site Files)				
Designated First aid Providers Identified	X	Name et al est		
Required Documentation on Site & Postings	1			
H&S, EEO	X		<u> </u>	
Emergency information ( phone numbers, key personnel, hospital rotte map)	X			
RWP (kept w/Site Files)	X	J-800/80 A H-378	80as - 4	
Site Access Control			制み	
Visitors briefed prior to being allowed on site(topic list w/ SSHASP)			X	
Contamination control zones (EZ, CRZ, Support Zone) marked/posted			X	
Emergency Equipment				
Fire Extinguishers	X			
Eye wash properly located	X	<u>                                     </u>		
First Aid Kit	X		<u></u>	
Communications operational (phone, radio, hand signals)	X		<u> </u>	
Assembly point identified	X	B LETTAME IN A POST	<b>M</b> 30 359 3 - 5	y griefi.
Exposure monitoring (includes bioassay for both chemical and radiological)		4.5		
Monitoring equipment/instruments types (chemical, noise, radiation, etc.)	}		X	
Monitoring records including instrument calibrations (factory and field)		<u> </u>	X	
Radiation dosimetry and/or bioassay for new personnel			X	75
Worker notification of monitoring results	-		X	
Site Sanitation	5.		<u>  X</u>	
Drinking water/sanitation (break area, toilet facilities, trash)	X			
Portable toilets adequate	2		人	

Subject	Yes	No	N/A	Comment
Hand / Face wash	X			
Permits		Ø		<u></u> -
Confined spaces entered (competent person) (kept w/Site Files)		<b>X</b>	X	
Hot Work permit (kept w/Site Files)			×	
Permits (continued)	. 6			
Excavation safety (competent person) (kept w/Site Files)			X	
Underground/overhead utility clearance (form completed) (kept w/Site Files)			X	
Specialized Procedures				
Lockout/Tagout			X	
Fall protection/ladder safety			×	
Noise / Hearing protection available			X	
Areas posted or otherwise designated			<b> </b>	<del>_</del> -
Illumination	X			
PPE Designated and in use	<u> X</u>			
Equipment Inspections (kept w/Site Files)	X			
Decontamination		8 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Personnel				
Equipment				

Comments:	 	 <del>_</del>



Project Name/Number: WSUR-STP	Date: + /19 / 2012 Time: 0430
Client: WSMR	Address: 755 5 TECHER, LAS CRUES, NH
Specific Location: WSMR-STP	
Work Activities: CyRawb Water War Mon-	021N(2
Hospital Name/Address: Marte, Buby 53	
Hospital Phone Number: 678-1138	Ambulance Phone Number: 911
Safety Topics	Presented
Chemical Hazards/Used: PRESERVATIVES HADS	HC1, H2SOX, MOH
Physical Hazards: LIFTING, UNIEVEN TERRA	
Protective Equipment/Clothing: Level >- Wi	TH GLOVES AND SAFETY CHASES
Special Equipment: PNEUMATIC SAMPUN	4 EQUIPMENT
Other Safety Topic(s): AYDATION, WILD	17-5
ATTEND	EES
NÂMÉ PRINTED	SIGNATURE
000	B. T. De
BRAD DAVIS	11
ALLISON JENNESS	y al
	•
Meeting conducted by:  AUSON JENNESS	
Supervisor:  BRAD DAVIS	Manager:

NAME PRINTED	SIGNATURE
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Project Location: 🚣	BMR-STP
Client: ZIA-SY AW	I WSMR
Project Number:	

#### DAILY SAFETY INSPECTION REPORT

Inspector name: ALLSON JENNESS	Date: 7/19/2012
Supervisor: Brazzy Savis	
General Project Activities Description: _ Glawit	
Safety conditions and/or deficiencies:	Corrective actions to be completed:
None.	
	·

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature: My (Safety Representative)

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PLEIM FUALOURS	ental & Infrastructure, Inc.

Page 1 of 2

Project Name: \ /cu-	Project Number:
Project Name: _ \LSMp - 500	Project Number:

Completed By/Date: ALLISON JONNESS 7-19-7012 Reviewed By/Date: BRAD DAYK 7-19-7212

Subject	Yes	No	N/A	Comment
Site SSHASP with required signatures(kept w/Site Files)	r		_	
Daily Tailgate Conducted (kept w/Site Files)	<u></u>			
Designated First aid Providers Identified	<u></u>	3378 × 675.04		
Required Documentation on Site & Postings				
H&S, EEO	1			
Emergency information ( phone numbers, key personnel, hospital rotte map)				
RWP (kept w/Site Files)	<i></i>	Sweet Series	\$1.00	
Site Access Control	<b>元素等</b>			
Visitors briefed prior to being allowed on site(topic list w/ SSHASP)				
Contamination control zones (EZ, CRZ, Support Zone) marked/posted			~	
Emergency Equipment	78			
Fire Extinguishers		Ī		
Eye wash properly located	1	<u> </u>		
First Aid Kit	v			
Communications operational (phone, radio, hand signals)	~	<u></u>	<u> </u>	
Assembly point identified	V	A Propinsion	1 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Exposure monitoring (includes bioassay for both chemical and radiological)				
Monitoring equipment/instruments types (chemical, noise, radiation, etc.)		·	1	
Monitoring records including instrument calibrations (factory and field)				
Radiation dosimetry and/or bioassay for new personnel			1	
Worker notification of monitoring results			1	
Site Sanitation	177			
Drinking water/sanitation (break area, toilet facilities, trash)	1			
Portable toilets adequate				

Subject	Yes	No	N/A	Comment
Hand / Face wash	~			
Permits		٠		
Confined spaces entered (competent person) (kept w/Site Files)				
Hot Work permit (kept w/Site Files)				
Permits (continued)		1 1		
Excavation safety (competent person) (kept w/Site Files)				
Underground/overhead utility clearance (form completed) (kept w/Site Files)				
Specialized Procedures				
Lockout/Tagout			-	
Fall protection/ladder safety			<u></u>	
Noise / Hearing protection available			-	
Areas posted or otherwise designated			<u></u>	
Illumination	~			
PPE Designated and in use				
Equipment Inspections (kept w/Site Files)				.!
		-		
Decontamination				
Personnel				
Equipment	<u> </u>			

Comments:	



#### Daily Safety and Health Report

Project Number: WSMR-STP

Date: 7/19/2012

Work Areas Checked

Primary Work Area (Base)	Y	First Aid Kits (weekly)	- X
Communications	$\frac{\lambda}{\lambda}$	Eye Wash (weekly)	X
Emergency Equipment	X	Excavations	K
Vehicles (weekly)	×	Housekeeping	<b>X</b>
Heavy Equipment (daily)		Crew 1	
Fire Extinguishers (monthly)	X	Crew 2	

Daily Activities:

GROUNDWATER WELL MONITORING

Daily Tailgate Meeting (Time)

0930

Weather Conditions:

Time	Temperature (° F)	Wind (mph)	Wind Chill (° F)	Humidity (%)
1000	790	O-SMPH		0-10%
1200	88°	0-5MPH		0-10%
1500	920	O-SMPI		0-10%
1555				

Equipment Inspections: E-LINE, DEAW DOWN METER, SECURE LINE, CONTROL BOXES,
BLADDERS, PLAPS, COMPRESSED NITROGEN GAS, WATER DUALITY METER
Levels of Protection:

Leva D- Gloves & SAFATY GLASSES Accidents/Incidents, Breaches of Procedure:

Monitoring Results:

CIROUND WATER MONITORING

Activities

COMMENTS:

Personnel on Site:

BRAD DAYLS	7/19/2012
ALLISON JOWESS	7/19/742

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Completed By: Auson JENNES Date 7/19/2012



Project	Location	n: Wsm	Z-STP
			WSMIC
Project	Number		

#### DAILY SAFETY INSPECTION REPORT

Inspector name: Acuson Jenness	Date: 7/20/2012
Supervisor: BRADLEY DAVIS	SSHO: Aused Jawess
General Project Activities Description: <u>Carabba</u>	TER SAMPLING AT STO
Safety conditions and/or deficiencies:	Corrective actions to be completed:

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature:

(Supervisor)

Signature:

(Safety Representative

~		

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Shaw Environmental & Infrastructure, Inc.

Page 1 of 2

Project Name: \\SMZ - STP	Project Number:
FIGURE A STO	S. C.

Completed By/Date: ALLOW JENNESS 7/10/2012 Reviewed By/Date: Bran Dayles 7/20/2012

Subject	Yes	No	N/A	Comment
Site SSHASP with required signatures(kept w/Site Files)	<u></u>			
Daily Tailgate Conducted (kept w/Site Files)				
Designated First aid Providers Identified		15075. 1 131. 44		
Required Documentation on Site & Postings				
H&S, EEO				
Emergency information ( phone numbers, key personnel, hospital rote map)	<i>i</i>			
RWP (kept w/Site Files)	Visit a country and	Water And Bull of M	Burn a	
Site Access Control				
Visitors briefed prior to being allowed on site(topic list w/ SSHASP)				
Contamination control zones (EZ, CRZ, Support Zone) marked/posted			25	
Emergency Equipment				
Fire Extinguishers	-			
Eye wash properly located	سا			
First Aid Kit				
Communications operational (phone, radio, hand signals)	1	<u> </u>	ļ	
Assembly point identified	V		로 등 등 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	اد المراجد على المراجد على المراجد الم
Exposure monitoring (includes bioassay for both chemical and radiological)	12 B) 11 S			
Monitoring equipment/instruments types (chemical, noise, radiation, etc.)			-	
Monitoring records including instrument calibrations (factory and field)	_		~	
Radiation dosimetry and/or bioassay for new personnel			i i	
Worker notification of monitoring results				
Site Sanitation	Ŋ.,			
Drinking water/sanitation (break area, toilet facilities, trash)	-			
Portable toilets adequate			1	

Subject	Yes	No	N/A	Comment
Hand / Face wash	~			
Permits		_ :	<del>-</del>	
Confined spaces entered (competent person) (kept w/Site Files)			-	
Hot Work permit (kept w/Site Files)			1	
Permits (continued)				
Excavation safety (competent person) (kept w/Site Files)				
Underground/overhead utility clearance (form completed) (kept w/Site Files)			/	
Specialized Procedures			سا _	-
Lockout/Tagout			سسسن	
Fall protection/ladder safety				
Noise / Hearing protection available			V .	
Areas posted or otherwise designated				
Illumination	i			
PPE Designated and in use	1			· ·
Equipment Inspections (kept w/Site Files)	-			
	<u> </u>			
	1	7 15		:
Decontamination				
Personnel				
Equipment	<u> </u>			

Comments:	



#### Daily Safety and Health Report

Project Number: WSMR-STP

Date: 4/20/2012

Work Areas Checked

(10111122013			
Primary Work Area (Base)	Х	First Aid Kits (weekly)	
Communications	٧	Eye Wash (weekly)	X
Emergency Equipment	×	Excavations	·
Vehicles (weekly)	X	Housekeeping	X
Heavy Equipment (daily)		Crew 1	
Fire Extinguishers (monthly)	Х	Crew 2	

Daily Activities:

GROUND WATER WELL MONITORING

Daily Tailgate Meeting (Time)

1030

#### Weather Conditions:

Time	Temperature (° F)	Wind (mph)	Wind Chill (° F)	Humidity (%)
1100	870	0-5 MPH		0-10%
1330	900	0-5		0510

Equipment Inspections: E-LINE DEAW DOWN METER SECURE LINE CONTROL BOXES, BLADDERS, PUMPS COMPRESSED NITEOGEN GAS, HATER OMALL TY METER

Levels of Protection:

Accidents/Incidents, Breaches of Procedure:

Monitoring Results:

Activities:

GROWDWATER MUNITORING

COMMENTS:

Personnel on Site:

BRAD DAVIS	7/20/2017
ALLISON JENNEZS	7/2/2012

Personnel on Site:	
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- " " -	

Completed By: ALLSON JENNES Date Hooks



Project Name/Number: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Date: 7 / 2012 Time: 1030
Client: WSMR	Address: 755 s. Texsitor, uns crucis
Specific Location: WAME-STP	
Work Activities: CROND HOTER WELL MONT	OF-WG
Hospital Name/Address: McAFor Bib 530	ROCK ISLAND AVE WARE NM
Hospital Phone Number: (178-1138)	Ambulance Phone Number: 911
Safety Topics	
Chemical Hazards/Used: Preservatives,	HNG, HU, HESON, MOOH
Physical Hazards: UFTING UNEVEN TERRAIN	
Protective Equipment/Clothing: LEVEL > WITH	GIONES AND SAFETY GLASSES
Special Equipment: PNAMATE SAMPING 5	MAIDMENT
Other Safety Topic(s): HYDRATION, WILDUF	
ATTENI	DEES
NÂME PRINTED	SIGNATURE
BEAD DAVIS	Bet Do
Aurson Jenness	200 dd
Meeting conducted by:  Auson Tenness	•
Supervisor:	Manager:
BEAD DAVIS	· · · · · · · · · · · · · · · · · · ·

NAMÉ PRINTED	SIGNATURE
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Project Location: 🕹	WSMR-STD
Client: ZIA/SNA	W- WEMZ
Project Number:	

#### DAILY SAFETY INSPECTION REPORT

visor: BRADLEY DayIS	SSHO: Lusay Jenhess
eral Project Activities Description:	SWATER SAMPLING AT STP
Safety conditions and/or deficiencies:	Corrective actions to be completed:
None	
· · · · · · · · · · · · · · · · · · ·	

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature:

810 a

Signature:

(Safety Representative)

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Shaw	
Shaw Environmental & Infra	istructure, Inc.

Page 1 of 2

Project Name: _ Wank-577	Project Number:
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Completed By/Date: ALLISON JENNESS HISTOREVIEWED By/Date: BENNEY DAVIS 7/23/2012

Subject	Yes	No	N/A	Comment
Site SSHASP with required signatures(kept w/Site Files)				
Daily Tailgate Conducted (kept w/Site Files)	_			
Designated First aid Providers Identified	-	Notes to the SE		
Required Documentation on Site & Postings	· · · · · · · · · · · · · · · · · · ·			
H&S, EEO	-			
Emergency information ( phone numbers, key personnel, hospital rote map)	-			
RWP (kept w/Site Files)			to servi	
Site Access Control		194 m 5 m 194 m 5 m 5 m 5 m 5 m 5 m 5 m 5 m 5 m 5 m	400	
Visitors briefed prior to being allowed on site(topic list w/ SSHASP)			-	
Contamination control zones (EZ, CRZ, Support Zone) marked/posted				
Emergency Equipment			243	· · · · · · · · · · · · · · · · · · ·
Fire Extinguishers				···
Eye wash properly located	-			
First Aid Kit	~			
Communications operational (phone, radio, hand signals)				: !
Assembly point identified	<u></u>	erteriora esta la	1 v	
Exposure monitoring (includes bioassay for both chemical and radiological)	ALANGA.			
Monitoring equipment/instruments types (chemical, noise, radiation, etc.)			1	
Monitoring records including instrument calibrations (factory and field)			1	~
Radiation dosimetry and/or bioassay for new personnel			V	-
Worker notification of monitoring results			9	
Site Sanitation				
Drinking water/sanitation (break area, toilet facilities, trash)				
Portable toilets adequate			1	

Subject	Yes	No	N/A	Comment
Hand / Face wash	<u>-</u>			
Permits		٠.		
Confined spaces entered (competent person) (kept w/Site Files)		-	-	
Hot Work permit (kept w/Site Files)		-	~	
Permits (continued)	14			·
Excavation safety (competent person) (kept w/Site Files)			1	
Underground/overhead utility clearance (form completed) <i>(kept w/Site Files)</i>				
Specialized Procedures				
Lockout/Tagout				
Fall protection/ladder safety			-	
Noise / Hearing protection available	~			
Areas posted or otherwise designated	r		-	
Illumination	-			
PPE Designated and in use	2			
Equipment Inspections (kept w/Site Files)				
Decontamination				
Personnel				
Equipment				

Comments:	



#### Daily Safety and Health Report

Project Number: WSMZ-STP

Date: 7/23/2012

Work Areas Checked

11 OIR 7 RI ORD OHOORIOG			
Primary Work Area (Base)	×	First Aid Kits (weekly)	<u> </u>
Communications	×.	Eye Wash (weekly)	×
Emergency Equipment	X	Excavations	×
Vehicles (weekly)	×	Housekeeping	×
Heavy Equipment (daily)		Crew 1	
Fire Extinguishers (monthly)	х	Crew 2	

Daily Activities:

Daily Tailgate Meeting (Time)

0930

Weather Conditions:

Time	Temperature (° F)	Wind (mph)	Wind Chill (° F)	Humidity (%)
O930	810	0-5	$\Diamond$	0-10%
1100	900	0-5	0	0-10%
530	930	0-5	0	0-10%

Equipment Inspections: E-LINE, DRAW DOWN METER, SECURE CONTROL BOXES, BLADDETES, FUMPS, COMPRESSED NOTICES GAS, MATER DURLING METER

Levels of Protection:

LEVEL D. GLOVES & SAFETY GLASSES

Accidents/Incidents, Breaches of Procedure:

Monitoring Results:

(730

Activities:

GROUND WATETE MON HOTEMY

COMMENTS:

Personnel on Site:

BRAD DAYIS	7/2/2012
	7/23/2012

Personnel on Site:	
	-

Completed By: ALLISW JENNES Date Theorem



Project Name/Number: WSMZ - STT	Date: 7 /23 /2017 Time: 0930
Client: Wsuz	Address: 755 S TELSHOR, CAS CRUCES
Specific Location: WSMR-517	
Work Activities: ( ) ROUND WATER WELL MINIT	DRING
Hospital Name/Address: Mc AFEE, BCDG 53	O ROCK ISLAND AVE WSMZ, WM
Hospital Phone Number: 678-1/38	Ambulance Phone Number: 911
Safety Topics	Presented
Chemical Hazards/Used: Preservatives HNO	HCI, HZSQI, MOH
Physical Hazards: LIFTING WNEVEN TEZE	FIN
Protective Equipment/Clothing: LEVEL D. WIT	H GUNES L SAFETY GLASSES
Special Equipment: PHEW MATIC SAMPUNG	
Special Equipment. PNEW MATE SAMIPUNG	
Other Safety Topic(s): HYDRAGEN WILDLE	
Office duticity ropiology. The perfect of the second of th	
	NET C
NAME PRINTED	JEES
	SIGNATURE
BRAD DAVIS	
BRAD DAYIS ALLIGON JENNESS	
AUGON JENNESS	
Augh Tennes  Meeting conducted by:	
AUGON JENNESS	
Augh Tennes  Meeting conducted by:	

NAME PRINTED	SIGNATURE
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Project Location: WSMR-STP

Client: HASHAW - WSMR

Project Number:

#### DAILY SAFETY INSPECTION REPORT

Inspector name: Ausol Jenness	Date: 7/24/2012
Supervisor: Brade Day s	SSHO: ALUGON JENNESS
General Project Activities Description:	WATER SAMPLING AT STP.
Safety conditions and/or deficiencies:	Corrective actions to be completed:
None	
•	

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature:

(Supervisor)

Sionature

(Safety Representative)

		•

Page 1 of 2

Project Name: WSMK-STP

Project Number:

Completed By/Date: ALUSON JENNESS 7/24/2012

Reviewed By/Date: FRAL DAVIS 7/24/2012

Subject	Yes	No	N/A	Comment
Site SSHASP with required signatures(kept w/Site Files)	سا			
Daily Tailgate Conducted (kept w/Site Files)	سسا			
Designated First aid Providers Identified	1			
Required Documentation on Site & Postings	r			
H&S, EEO				
Emergency information ( phone numbers, key personnel, hospital rotte map)	~			
RWP (kept w/Site Files)	<b></b>			
Site Access Control		100000000 10000000		**************************************
Visitors briefed prior to being allowed on site(topic list w/ SSHASP)		ļ	2	>
Contamination control zones (EZ, CRZ, Support Zone) marked/posted				
Emergency Equipment				
Fire Extinguishers	V	<u> </u>		
Eye wash properly located	V			
First Aid Kit				
Communications operational (phone, radio, hand signals)				
Assembly point identified	V	e da ana	i i i i i i i i i i i i i i i i i i i	
Exposure monitoring (includes bioassay for both chemical and radiological)	46.75.			1 (4.88)
Monitoring equipment/instruments types (chemical, noise, radiation, etc.)				
Monitoring records including instrument calibrations (factory and field)			2	
Radiation dosimetry and/or bioassay for new personnel	<u> </u>	-	1	
Worker notification of monitoring results	<u> </u>			
Site Sanitation			*	
Drinking water/sanitation (break area, toilet facilities, trash)	'			
Portable toilets adequate				

Subject .	Yes	No	N/A	Comment
Hand / Face wash				
Permits			<u> </u>	
Confined spaces entered (competent person) (kept w/Site Files)				
Hot Work permit (kept w/Site Files)		_		
Permits (continued)				· · · · · · · · · · · · · · · · · · ·
Excavation safety (competent person) (kept w/Site Files)			0	
Underground/overhead utility clearance (form completed) (kept w/Site Files)				
Specialized Procedures		in the second		
Lockout/Tagout				·
Fall protection/ladder safety			1	
Noise / Hearing protection available			1	
Areas posted or otherwise designated				
Illumination				
PPE Designated and in use	V			
Equipment Inspections (kept w/Site Files)				
·				
Decontamination	7			
Personnel				
Equipment			<u></u>	

Comments:	



#### Daily Safety and Health Report

Project Number: WSMR- STP

Date: 7/24/2012

Work Areas Checked

WOLK ALCUS CHECKER	,		
Primary Work Area (Base)	X	First Aid Kits (weekly)	×
Communications	Χ	Eye Wash (weekly)	X
Emergency Equipment	*	Excavations	<u> </u>
Vehicles (weekly)	*	Housekeeping	>
Heavy Equipment (daily)		Crew 1	
Fire Extinguishers (monthly)	X	Crew 2	

Daily Activities:

Daily Tailgate Meeting (Time)

0900

#### Weather Conditions:

Temperature (° F)	Wind (mph)	Wind Chill (° F)	Humidity (%)
88°	Ö-5		0-10%
900	6-5	0	0-10%
	880	880 0-5	88° 0-5

Equipment Inspections: E-UNE DEAWDOND METER, Secure LINE, CONTROL TSONES, BUNDLES, PUMPS, COMPRESSED NITEOGRAGAS, WATER QUALITY METER

Levels of Protection:

LEVEL D - GLOVES & SAFETY GLASSES

Accidents/Incidents, Breaches of Procedure:

Monitoring Results:

Activities:

GROUND WATER MODITORING

COMMENTS:

Personnel on Site:

BEAD DAYLS	7/24/2012
ALLISON JENNESS	7/24/2012

Personnel on Site:	
BAD DAVIS	
ALLISON JENNESS	
	1"

Completed By: Auson Jenness Date 7/24/2012



Project Name/Number: Ware STP	Date: 7 / 24 / 2012 Time: 0900	
Client: WSMZ	Address: 755 S TELSTAY LAS CRUCES	
Specific Location: STP		
Work Activities: GROWD WATER WELL SAMPLING		
Hospital Name/Address: McAree, BUNG 53	D FOCK ISLAND AVE LISMR NM	
Hospital Phone Number: 678-1138		
Safety Topics Presented		
Chemical Hazards/Used: Preservatives, HNO	HC1, HSO4, NaOH	
Physical Hazards: LIFTING, UNEVEN TEREA		
Protective Equipment/Clothing: LEVEL D W/ GLOWES & SAFETY GLASSES		
Special Equipment: PNEUMATIC SAMPLING ECOMIDMENT		
Other Safety Topic(s): HYDEATINA, WILDUTE		
ATTENDEES		
NÂMÉ PRINTED	SIGNATURE	
BRAD DAVIS	Box - Da	
ALLISON JENNESS	an - dd	
ACCI. SAI SENTOUS)		
Meeting conducted by:  ALLISON JENNESS		
	•	
Supervisor:  BRAD DAVCS	Manager:	

NAME PRINTED	SIGNATURE
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